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Application Number	09/751,121
Filing Date	Dec. 28, 2000
First Named Inventor	Abendroth
Art Unit	3624
Examiner Name	E. Colbert
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with Customer Number: **OR** Firm or Individual Name

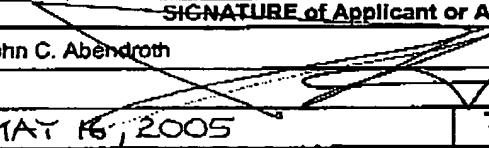
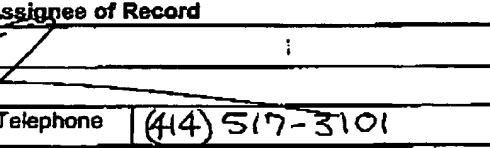
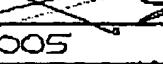
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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**Name John C. Abendroth Signature Date MAY 16, 2005 

Telephone (414) 517-3101

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

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